

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>390270</b>	(X2) MULTIPLE CONSTRUCTION:  A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED:  <b>07/20/2023</b>
NAME OF PROVIDER OR SUPPLIER: <b>GEISINGER WYOMING VALLEY MEDICAL CENTER</b>  STATE LICENSE NUMBER: <b>148901</b>			STREET ADDRESS, CITY, STATE, ZIP CODE: <b>1000 EAST MOUNTAIN BOULEVARD WILKES BARRE, PA 18711</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
P 0000	<p>INITIAL COMMENT</p> <p>This report is for the new equipment, the use of intravenous (IV) B-Braun Infusomat Space large volume infusion pump for the infusion of Propofol (an anesthetic), by Physician administration only, on both pediatric and adult patients for oral surgery in the Oral and Maxillofacial Surgery Department located in room 01213 at 675 Baltimore Drive, Wilkes-Barre, a hospital outpatient (HOP) site of Geisinger Wyoming Valley Medical Center, 1000 East Mountain Blvd, Wilkes-Barre. The Geisinger Wyoming Valley Medical Center attested they were in full compliance with the requirements of the Pennsylvania Department of Health's Rules and Regulations for Hospitals, 28 PA Code, Part IV, Subparts A and B, November 1987, as amended June 1998.</p>	P 0000			

(X6) DATE:



# Certified End Page

**GEISINGER WYOMING VALLEY MEDICAL CENTER**

**STATE LICENSE NUMBER: 148901**

**SURVEY EXIT DATE: 07/20/2023**

**I Certify This Document to be a True and Correct Statement of Deficiencies and  
Approved Facility Plan of Correction for the Above-Identified Facility Survey**

A handwritten signature in black ink that reads "Jeane Parisi".

*Jeane Parisi*  
*Deputy Secretary for Quality Assurance*

A handwritten signature in black ink that reads "Debra L. Bogen MD".

*Debra L. Bogen, MD, FAAP*  
*Acting Secretary of Health*



THIS IS A CERTIFICATION PAGE

**PLEASE DO NOT DETACH**

THIS PAGE IS NOW PART OF THIS SURVEY